

PATENT NUMBER

<p>O.I.P.E.</p> <p>SCANNED <i>PD</i> Q.A. <i>[Signature]</i></p>	<p>PATENT DATE</p>
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APPLICATION NO. 09/640750	CONT/PRIOR	CLASS 623	SUBCLASS 4	ART UNIT 3731 3738	EXAMINER Ho
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Endovascular prosthesis

PTO-2040
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<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) _____ (Date)			NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____					
				ISSUE FEE	
	_____ (Primary Examiner) _____ (Date)			Amount Due	Date Paid
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